

RECEIVED

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

DEC 15 2016

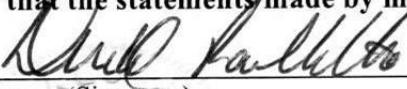
S.D. SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

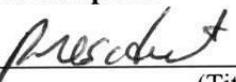
1. TITLE OF NEWSPAPER The Faith Independent		2. DATE 10-13-2016
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 39 in area/ \$44 out of area (tax included)
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 106 Main Street/ PO Box 38, Faith, Meade, SD 57626-0038		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) See back of this form.		
6. FULL NAME OF PUBLISHER: Donald Ravellette		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME See back of this form. COMPLETE MAILING ADDRESS		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) NONE.		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		711
B. PAID AND/OR REQUESTED CIRCULATION		ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
1. Sales through dealers and carriers, street vendors, and counter sales.		179
2. Mail Subscription (Paid and or requested)		398
3. Paid Electronic Copies		11
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		588
D. FREE DISTRIBUTION		584
1. BY MAIL, CARRIER OR OTHER MEANS		40
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		624
F. COPIES NOT DISTRIBUTED		77
1. Office use, left over, unaccounted, spoiled after printing		69
2. Return from News Agents		14
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)		711
		712

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:



(Signature)



(Title)

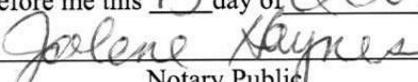
State of South Dakota

)

County of Haakon

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(Seal)

Sworn to before me this 13 day of Oct, 2016

Notary Public

My commission expires: 4-3-2021

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SD. SEC. OF STATE

Owners:

**Ravellette Publications, INC
PO Box 788
Philip, SD 57567-0788**

**Donald Ravellette
PO Box 633
Philip, SD 57567-0633**